

Treatment of Adult Asperger's

If you have Asperger's Syndrome or know someone who does, you are probably less concerned about what causes it, how it is different from other psychological conditions or how it is diagnosed than you are about how to change it. The important questions are whether it's possible for someone with Asperger's to change and, if so, how. Helping someone overcome Asperger's is in the forefront of most people's minds.

Let me address the topic of overcoming Asperger's by raising the following questions:

Can Asperger's Be Cured?

The short answer is - not at the present time. Remember, Asperger's Syndrome is a neurologically based condition and currently there is no means of permanently changing the processes in the brain that lead to Asperger's.

That does not imply, however, that someone cannot develop ways of coping effectively with Asperger's. Many therapies have emerged recently that assist adults with Asperger's in living successful, meaningful and happy lives. In fact, the question of whether Asperger's can be cured may not be terribly helpful. It implies that Asperger's is a disease, and many people disagree with this definition. They argue that Asperger's is an alternative way of thinking and living, and as such it is does not need to be cured.

Asperger's can be likened to color blindness. Whereas most people would see green in a certain image, those with color blindness might see yellow. Their eyes are different, not defective. What they see is not necessarily wrong, it is different.

Similarly, those with Asperger's think, feel and respond differently from what is considered normal. This doesn't mean there is something wrong with their minds, just that they have an alternative way of experiencing things.

Can Someone with Asperger's Change?

Yes. Thinking and acting are, in effect, skills and like any skill they can be learned. It's entirely possible to learn how to think and behave

differently than one is used to, even someone with Asperger's. The fact that Asperger's has been traced to neurologically differences does not mean those differences cannot be modified such that someone can think and act differently.

But if there is no cure how is it possible for someone with Asperger's to think and act differently? Just as with color blindness, it may not be possible to completely reverse Asperger's but it's entirely possible to develop effective means of adjusting to, and coping with, it.

How Does Change Happen?

Before answering this question, I want to make an important point about treating Asperger's, perhaps the most important thing I can say about it. That is, there is no one, uniform treatment for adult Asperger's. Every person is different. Every person's circumstances are different. The degree to which each person has Asperger's and the effect it has on that person is different. For these reasons, and others, no single approach can be used in each and every case. The only way to effectively help someone with Asperger's is to understand the unique characteristics and challenges of that person and tailor a course of action befitting those special circumstances. A one-size-fits-all treatment program, in my experience, simply doesn't work.

Having said this, there are general principles about treating Asperger's that should part of every treatment plan for every person. These principles are:

1. • There must be an accurate and comprehensive understanding of the person's psychological, social, emotional, and intellectual strengths and challenges. Helping someone to change without fully knowing their capabilities, how Asperger's impacts them, which characteristics of Asperger's they have and do not have and the degree to which they have them, and what their own goals for treatment are means that in most cases trying to help someone change is doomed to failure. An accurate assessment is key to successful change.
2. • The person's desire to change is a critical factor in whether they will succeed. In fact, I would say that motivation is THE most important ingredient in change. One's desire to change, how much effort he or she is willing to put into making change happen, the extent to which it is a priority in one's life and the consistency and

stability of one's motivation to change are all-important in determining whether change will happen.

3. • A thorough understanding of Asperger's on the part of a helping professional and experience working with adults with Asperger's correlates highly with treatment success. It's obvious that not knowing much about what it is you are trying to change is a sure way not to succeed.
4. • Treating adult Asperger's must address two core problems: the ability to put oneself in somebody else's shoes, that is, to imagine how they think and feel, and the drive to analyze and construct systems. People with Asperger's have a great deal of difficulty understanding and predicting what other people are thinking and how they are feeling. On the other hand, they have a greater understanding of how systems work, the rules and structure that govern how collections of parts fit together, be they mechanical systems (e.g. a camera or computer), natural systems (e.g. weather patterns, agricultural methods), numerical systems (e.g. train timetables, mathematical calculations), collectable systems (e.g. stamp collections, knowledge of the taxonomy of minerals), or abstract systems (e.g. musical theory, esoteric mathematics). These two core features and how they both affect the person, positively as well as well as negatively, must be addressed in order to help an adult with Asperger's.
5. • Developing adaptive life skills must be a core part of the change process. Having a clear and consistent focus on this goal will mean the difference between a successful treatment and one that may ease worries and diminish symptoms but will ultimately lead to non-productive change. Understanding, without change in behavior, is a recipe for ineffective treatment.

What Are the First Steps of Treating Asperger's?

Having argued against a cookie-cutter approach to treatment, let me describe how an individually focused and directed therapy for Asperger's works. I'll do so by explaining the process I typically undertake when I am asked to treat someone with Asperger's.

First, I undertake an assessment to determine what, if any, of the characteristics of Asperger's are present in the person. Even if someone comes to me having already been diagnosed with Asperger's, I want to conduct my own evaluation. Previous assessments of the person may be outdated, may have been done by someone with a different

understanding of Asperger's, or may not have been a thorough as needed in order to plan and undertake a successful treatment. This doesn't mean I always start from scratch. I see what can be used from previous evaluations and, in cases where the evaluation has been done by a knowledgeable professional, my own assessment is mainly aimed at updating old information and determining the person's functioning and skills at the time they are meeting with me.

In addition to assessing what aspects of Asperger's are present in the person, I determine the person's motivation to change and their goals for change. This is a significant part of the treatment process, for if the person lacks a certain drive to change and/or is wanting to change aspects of themselves that I can't assist them with, all the help I, or anyone else for that matter, might provide ultimately will not succeed.

When I am confident that I have a thorough understanding of the degree to which Asperger's is present in the person, which characteristics of Asperger's are present and which are not, what the person would like to change and not change, and the motivation that person has to change I put together a treatment plan that incorporates all of these factors. I then present the plan to the person I am working with and discuss what are mutually agreeable treatment goals and methods to reach those goals.

Example of a Treatment Plan for Adult Asperger's

Rick is a 35 year old, computer programmer who was recently diagnosed with Asperger's Syndrome. He sought help with social communication, specifically difficulty initiating and sustaining conversations with strangers, and concerns about work evaluations that described a pattern of negative interactions towards colleagues. He also exhibited symptoms of depression and anxiety.

A treatment plan was developed focused on building Rick's social skills through direct instructions, role playing, modeling, practice with peers and constructive feedback. Additionally, the problematic areas of his social difficulties were broken down into smaller sub-skills, such as greeting others, initiating topics, staying on topic, using eye contact; facial expressions; and gestures, observing the listener's responses, and appropriately ending a conversations. Other, more advanced skills, such as accepting suggestions, handling criticism, resolving conflicts and showing empathy were also discussed, practiced and reviewed.

Rick's low self-esteem was addressed by examining implicit and

explicit assumptions he held towards his own competency and unwarranted expectations of failure, along with exploring the ample indications of his ability to succeed socially that he was ignoring. With his consent, he sought a medication consultation and was prescribed a selective serotonin reuptake inhibitor to treat his anxiety and depression.

After a course of 15 sessions, Rick met his treatment goals and ended therapy.

How Does Treatment of Adult Asperger's Work?

Generally speaking, two things happen in the actual treatment of Asperger's. The first is developing the skills necessary for understanding and responding to what other people think and feel. This is not just an abstract matter, dealing with a hypothetical, impractical problem. Rather it gets to the heart of a person's ability to form satisfying, lasting, mutually effective relationships. Without being able to have a reasonably good idea of what people think and feel and why they do what they do, it's virtually impossible to connect with someone else.

At some point, learning to read other people's intentions, the nuances of what they are saying, their subtleties, what makes them feel the way they do, and what they might be referring to when they speak indirectly about something has to be the focus of therapeutic work.

The way to do that is to study the connection between a person's communications, both verbal and non-verbal, and the intentions driving those communications. Here is a simple example of this. One person says to another, "wow, when Joe asked me in today's meeting what happened to the new promotional campaign I felt like I'd been hit by a bus." The phrase, "hit by a bus" is the communication that is likely to confuse someone with Asperger's. Looking at what that phrase meant and how it is used to convey a certain feeling both in that and other situations is what the therapeutic work would involve.

This "study" of communication and what it is intended to convey gradually builds up a person's skill in interpreting and understanding human interactions. It also forms the building blocks of appropriate responses. By this I mean, as one learns how to read what is in someone's mind by understanding the meaning of their communication it becomes much easier to know how to respond in an appropriate way. Understanding what the phrase, "I feel like I've been hit by a bus" is intended to convey makes it possible to think of a response like, "I'm

sorry. I can imagine how surprised and concerned you were when Joe asked you that question.”

Studying communication like this has to occur over and over for the skills involved in reading someone to develop. It doesn't happen overnight. Enough time must be allowed for the growth of this skill to take root and flourish. Once it does, however, the process can take on its own impetus to the point where therapy, and its teaching function, is no longer necessary.

The interventions that I typically use in helping to build competence and success in relating effectively include:

1. Explicitly instructing the adult on how to interpret other people's social behavior. The meaning of eye contact, tone of voice, facial and hand gestures, and non-literal communication such as humor, figures of speech, irony and metaphors can all be taught much like the teaching of a foreign language.
2. Monitoring the adult's own speech can also be taught, focusing on volume, rhythm, context and social situation.
3. Discussing problematic, disruptive behaviors, such as interrupting, yelling, raging, ignoring and criticizing, along with discussing the benefits of acting in a different, more positive way.
4. Encouraging an active social life, particularly around mutually enjoyable activities and shared interests.
5. Showing how the person's actions impact other people. Having the person practice engaging with others, analyzing the outcomes of these engagements and adjusting the necessary social skills accordingly.
6. Teaching how to infer and to predict what is likely in social situations, to understand why people do what they do and anticipate the outcome of social interactions.
7. Helping the person to be more flexible in thinking about why other people are doing what they do and in responding to them.

The second part of treating Asperger's involves helping the person to put these skills into practice. Like many skills, the actual performance depends on the motivations of the person to succeed. Skills alone don't guarantee success in relating to others, living independently, coping with adversity, managing emotions, broadening one's interests or solving

problems. The desire to succeed in these areas is critical. In many instances, success is impeded by fears, anxieties, unrealistic expectations, irrational assumptions, poor self-image, negative self-esteem, lack of self-acceptance and concurrent disorders.

Treatment of Asperger's cannot succeed itself unless these emotional and psychological factors are addressed. In addition to helping someone with Asperger's develop better social skills, empathize more easily, think more flexibly, expand lifestyle routines, communicate more effectively and adapt more readily to their work, family and social environment, I try to help people achieve a realistic appreciation of who they are and to emphasize their strengths more so than their weaknesses. I promote a concept of self that is grounded and realistic, based on an appreciation of personal qualities, understanding and accepting who one is.

The matter of concurrent psychological conditions is critical to this part of the treatment. Oftentimes, in seeking help for Asperger's, conditions such as depression, anxiety, phobias, obsessive-compulsive traits and other problems occur, either as an outcome of the underlying Asperger's Syndrome or in addition to it. These factors must be uncovered and identified, their sources examined and the solutions to these problems established in specific, understandable and manageable ways.

Finally, treating Asperger's cannot succeed unless the necessary conditions exist to support one's improvement and success. No one lives in a vacuum. If the people in someone's life are not encouraging, take no interest in the person's success, actively interfere with the person's improvement or in some way sabotage one's attempts to deal with Asperger's no amount of effort can be successful. Addressing the help and support a person needs to deal with Asperger's is crucial to overcoming the challenges of this condition.

Which Therapy is Best for Adult Asperger's?

There are several approaches to treating Asperger's. Mine is just one. The literature on therapy for Asperger's is sparse but occasional references have been made to the advantages of a treatment method based on the principles of cognitive psychology. The foundation of this approach is that thoughts, feelings, and behavior are all connected. Individuals can overcome their problems by identifying and changing unhelpful or inaccurate thinking, problematic behavior and upsetting feelings. This involves the person working collaboratively with the therapist to develop skills for testing and modifying beliefs, identifying

distorted thinking, relating to others in different ways, and changing behaviors.

Schools of therapy such as Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT) adopt this approach and have been shown to be effective in treating Asperger's. A psychoanalytic frame of reference is more suitable to my own background and training, and that is what I use in my work with Asperger's, but again, my approach is one of several.

What are the Benefits of Therapy for Asperger's?

Assisting someone with Asperger's in living a successful, meaningful and happy life is the overall goal of therapy. One part of that goal is learning to express oneself effectively. This involves learning to interpret gestures, facial expressions and tone of voice of others so that their intentions and the meaning of their communication is clearer.

Therapy helps one to become less literal and to comprehend the meaning of complex words and phrases, including metaphors and analogies, so that it is easier to understand what people mean. Interpreting the body language of others and how non-verbal cues are used in communication is possible through instruction and practice in therapy.

Therapy also helps to center one's interests on subjects that provide for broad acquisition of knowledge and increase one's employment opportunities or better align one's strengths, interests and skills with one's current job.

Problems recognizing how people interact often leads to social isolation for those with Asperger's. Not understanding sarcasm or humor, or having difficulty maintaining eye contact, recognizing facial expressions, body posture or nonverbal gestures all make it harder to interact successfully one-on-one and in groups. One important benefit of therapy is to build social skills. These skills can be learned, and through guided practice, refined and improved, resulting in more flexibility in social situations and less need to isolate oneself.

Therapy for Asperger's helps one achieve a realistic appreciation of who one is, greater acceptance of one's unique qualities, and to recognize one's strengths more than one's weaknesses. It helps to reduce self-doubt and self-criticism and increase social success and self-esteem.

Can Medication Help?

Being a psychologist, not a psychiatrist, I don't prescribe medication. Nevertheless, in my many years working with adults who have Asperger's I have come to appreciate the benefits of medication and to believe it should be given due consideration in the treatment of this condition. Here is why:

1. Doubts, confusion, worry and low self-esteem plague many adults with Asperger's. Medication, particularly anti-depressants and, in some cases, anti-anxiety medications help lessen these feelings. As clarity, confidence and self-acceptance return, happiness thrives, life becomes easier and the challenges of Asperger's no longer pose as great an obstacle as they once did.
2. Many people with Asperger's suffer the same symptoms as those with ADHD. For close to 100 years, medication has been used successfully to treat ADHD and frequently have the same success in treating the distractibility, inattentiveness, forgetfulness, and disorganization often accompanying Asperger's.
3. In a small number of cases, adults with Asperger's exhibit very unusual thinking, aggressive and self-hurtful behaviors. Medication can lessen, and sometimes eliminate, these problems.

In and of itself, medication does not cure Asperger's. It's role is to reduce the extremes of problematic behavior. With fewer difficulties to cope with, Asperger's becomes a condition to adapt to, rise above and take advantage of, with the rewards of a more enjoyable life to anticipate.